Case	No



BOARD OF ZONING ADJUSTMENT

TYPRE OF REQUEST	 PETITION FOR CONDITIONAL USE PERMIT NON-CONFORMITY PERMIT VARIANCE PETITION FOR APPEAL 					
APPLICANT INFORMATI	Petitioner/Contact Person Mailing Address City State Zip Telephone Fax E-Mail (All staff correspondence will be sent only to the designated contact person)					
PROPERTY OWNERSHIP	Property Owner(s) Mailing Address City State Zip Telephone Fax E-Mail					
REQUEST LOCATION	Location Address City State Zip Zoning District: Subdivision Block Lot: Deed Reference: Book Page Property Dimension: Frontage ft.; Depth ft Area Acres/Square feet					
REQUEST	Purpose of Request (attach additional pages as necessary)					

FILING REQUIREMENTS	 Applications will not be accepted unless the following requirements are submitted with this application. □ Filing fee (Make check payable to the City of Ashland. Payments may also be made with cash or credit card if paid in person.) □ One site plan, drawn to scale, showing the location of all existing and proposed structures, improvements, and uses on the property, as well as any information required by ordinance (plans must be no larger than 8 ½² by 14²) □ Legal Description of property □ Application must be signed by property owner 								
the City of as those information request to	of Ashlo provisio ion con hat this	d and agree, upon execution a and Zoning Ordinance as well ons, procedures and policies n tained in this application is tr application be deferred or m e of \$150 prior to final consid	l as all procedures and policion relate to the handling and disp rue and accurate to the best of y/our actions or inaction requ	es of the City of As position of this app f my/our knowledg uire deferral of thi:	thland Board of Zo plication; and that e. I/we further agn s application, that	oning Appeals the ee that if I/we I/we will pay			
(signature of applicant)		oplicant)	(printed name of applicant)		(date)				
(signature of applicant)		oplicant)	(printed name of applicant)		(date)				
(signature of property owner)		operty owner)	(printed name of property owner)		(date)				
(signature of property owner)		operty owner)	(printed name of property owner)		(date)				
City of A			volonment						
Department of Planning & Community Dev 1700 Greenup Avenue, Room 208 P. O. Box 1839			velopinent	Rec'd by:	Date:				

Ashland, Kentucky 41105-1839

Telephone (606) 327-2030 Fax (606) 325-8412